10/26/2006 16:49

Image# 26950720970

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00006080 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) Х (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 10 26 2006 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2006 10 2006 18 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Robert Van Dyk Type or Print Name of Treasurer Electronically Filed by Robert Van Dyk 10 26 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Report Covering the Period: From:	01 2006	To: 10 18 2006
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand  January 1  Y2006		371526.17
(b) Cash on Hand at Begining of Reporting Period	110593.19	
(c) Total Receipts (from Line 19)	75744.35	534601.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	186337.54	906127.44
Total Disbursements (from Line 31)	159100.00	878889.90
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27237.54	27237.54
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidat	te committee. (see FEC FORM 1M)	
Fo	or further information contact:	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

0 1 м м 1 0 м м 1 0 1<sup>D</sup>8 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 70735.42 487714.40 (i) Itemized (use Schedule A) ...... 5008.93 43636.87 (ii) Unitemized ..... (iii) TOTAL (add 75744.35 531351.27 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 75744.35 531351.27 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 3250.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 75744.35 534601.27 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 75744.35 534601.27 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMEN	ITS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:		1000 11100	Guioridai Tour to Buto
(a) Shared Federal/Non- Activity (from Schedu	le H4)	0.00	0.00
(i) Federal Share			
(ii) Non-Federal Sha		0.00	0.00
(b) Other Federal Operat Expenditures	-	0.00	6039.90
(c) Total Operating Expe			
(add 21(a)(i), (a)(ii) a	nd (b)) 🕨	0.00	6039.90
Transfers to Affiliated/Oth	·	0.00	0.00
Contributions to		0.00	0.00
Federal Candidates/Command Other Political Commi	itteesttees	159100.00	869350.00
Independent Expenditure		0.00	0.00
(use Schedule E) Coordinated Expenditures	Made by Party		
Committees (2 U.S.C. 441 (use Schedule F)	a(d))	0.00	0.00
Loan Repayments Made		0.00	0.00
Loans MadeRefunds of Contributions		0.00	0.00
(a) Individuals/Persons C Than Political Commi		0.00	0.00
(b) Political Party Commi	ttoos	0.00	0.00
<ul><li>(b) Political Party Commit</li><li>(c) Other Political Comm</li></ul>			
(such as PACs)		0.00	0.00
(d) Total Contribution Re (add Lines 28(a), (b),		0.00	0.00
	_		0500.00
Other Disbursements		0.00	3500.00
Federal Election Activity (2	2 U.S.C 431(20))		
(a) Shared Federal Electi	on Activity		
(from Schedule H6) (i) Federal Share		0.00	0.00
		0.00	0.00
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activ</li></ul>		0.00	0.00
With Federal Funds		0.00	0.00
(c) Total Federal Election Lines 30(a)(i), 30(a)		0.00	0.00
Total Diahuma ama anta /antal	Lines 01(a) 00		
Total Disbursements (add 23, 24, 25, 26, 27, 28(d),		159100.00	878889.90
-,,,,,, (0),			
Total Federal Disburseme			
(subtract Line 21(a)(ii) fro from Line 31)		159100.00	878889.90
from Line 31)		159100.00	878889.9

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	75744.35	531351.27
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	75744.35	531351.27
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	6039.90
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	6039.90

PAGE 6/56 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mr. John Poirier Mailing Address 125 Airport Rd 2006 10 02 Zip Code City State Transaction ID: 24691197 Concord NH 03301-7300 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer New Hampshire Health Care Occupation **Exec Director** Assn Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr Robert Van Dyk Date of Receipt Mailing Address 304 South Van Dien 02 2006 City State Zip Code Transaction ID: 24691359 Ridgewood NJ 07450-5200 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Van Dyk Health Care Occupation President/CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Leonard Russ Date of Receipt Mailing Address 40 Keogh Lane 2006 10 02 Citv State Zip Code Transaction ID: 24691365 New Rochelle NY 10805-1397 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 C federal political committee. Name of Employer Bayberry Nursing Home Occupation Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional) .....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 7/56 (check only one)
ITEMIZED RECEIPTS		etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not t ame and address	pe sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association Politi	cal Action Com	mittee	
Full Name (Last, First, Middle Initial)  A. Mr. Larry Voegtle			Date of Receipt
Mailing Address 401 Owen Lane			10 03 7 9 9 9
City Waco		Zip Code	Transaction ID: 24691607
FEC ID number of contributing federal political committee.	C	76710-5558	Amount of Each Receipt this Period  500.00
Name of Employer Greenview Manor  Receipt For:  Primary  General  Other (specify) ▼	Occupation Administrator Aggregate Year	-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Mr. Paul A. Heinig  Mailing Address 721 W. Mulberry  City  Angleton  FEC ID number of contributing	TX	Zip Code 77515-4239	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  General	Occupation Aggregate Year	-to-Date ▼ 250.00	250.00
Under (specify) ▼  Full Name (Last, First, Middle Initial)	0 0 0	230.00	
Mr. Arthur O'Leary Mailing Address 79 Broad St.			Date of Receipt  1 0 0 3 2 0 0 6
City <u>Hollis</u>		Zip Code 03049-6017	Transaction ID: 24691762  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			250.00
Name of Employer Genesis  Receipt For:  Primary General  Other (specify) ▼	Occupation Operations Aggregate Year	-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

_				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 8 / 56 (check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\setminus$	NAME OF COMMITTEE (In Full)  American Health Care Association Politi	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Derek L. Wilson			Date of Receipt
	Mailing Address 2849 Alcott Lane			10 03 7 2006
	City	State	Zip Code	Transaction ID: 24691969
	Grand Prairie	TX	75052-8346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HCIS	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— В	Full Name (Last, First, Middle Initial) Mr. Larry Litzmann			Date of Receipt
ъ.	Mailing Address 175 Kelsey Lane			M M / D D / Y Y Y Y
				10 03 2006
	City	State	Zip Code	Transaction ID: 24700745
	Tampa	<u>FL</u>	33619-4336	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pharmerica	Occupation Sales Re		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
c.	Full Name (Last, First, Middle Initial) Ken Levering			Date of Receipt
	Mailing Address 4261 Vista Walk Lane			10 03 7 2006
	City	State	Zip Code	Transaction ID: 24703398
	Powell	OH	43065-7361	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Levering mgt	Occupation LNHA	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMB	BER: PAGE 9/56
	EMIZED RECEIPTS		or each category of the	(check only one)	. 🗆 🗖
•	LIMIZED HEOZII 10		Detailed Summary Page	X 11a 11 13 14	$\vdash$
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso		
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions	from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
$\geq$	American Health Care Association Politic	cal Action	Committee		
۹.	Full Name (Last, First, Middle Initial) Bruce Yarwood			Date of Receip	ot
	Mailing Address 200 P St #F31			1 0	03 2006
	City	State	Zip Code	Transaction ID	
	Sacramento	CA	95814-6259	Amount of Eac	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			1750.00
	Name of Employer AHCA	Occupation CEO & P			
	Receipt For:		Year-to-Date ▼	7	
	Primary General		4500.00	1	
	Other (specify) ▼	0 0	4500.00		
	Full Name (Last, First, Middle Initial) Mr William Levering			Date of Receip	ot
	Mailing Address 201 North Main St.	1 0 D	03 2006		
	City	State	Zip Code	Transaction ID	<b>)</b> : 24712278
	Mount Vernon	OH	43050-2400	Amount of Eac	ch Receipt this Period
	FEC ID number of contributing federal political committee.	С			1750.00
	Name of Employer Levering Management Inc.	Occupation		7	
	Receipt For:	Administ	rator e Year-to-Date ▼	_	
	Primary General	Aggregate	rear-to-Date V	,	
	Other (specify) ▼	0 0	3000.00		
	Full Name (Last, First, Middle Initial) Mr William Levering			Date of Receip	ot
	Mailing Address 201 North Main St.			1 0	03
	City	State	Zip Code	Transaction ID	
	Mount Vernon	OH	43050-2400		ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			2000.00
	Name of Employer Levering Management Inc.	Occupation			
	Receipt For:	Administ	rator e Year-to-Date ▼	$\dashv$	
	Primary General	Aggregate		1	
	Other (specify) ▼		5000.00		
sı	JBTOTAL of Receipts This Page (optional)				5500.00
	,		•		
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/56
ITEMIZED RECEIP	•	or each category of the	(check only one)  X 11a  11b  11c  12
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from s	uch Reports and Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (	<u>_</u>	ness of any political committee to	Solicit Contributions from Sacri Committee.
<b>\</b>	Association Political Action	Committee	
Full Name (Last, First, Mid Mr Michael Cook	dle Initial)		Date of Receipt
Mailing Address 2724 k	Ging St.		10 03 7 9 9 9
City	State	Zip Code	Transaction ID: 24713208
Alexandria	VA	22302-4009	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	C		300.00
Name of Employer Epstein Becker and Green P.C.	Occupation Partner	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary Ge Other (specify) ▼	neral	300.00	
Full Name (Last, First, Mid 3. Mr Dick Stebbins	dle Initial)		Date of Receipt
Mailing Address 600 E Whaley			10 03 7 2006
City	State	Zip Code	Transaction ID: 24713247
Longview	TX	75601-6525	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	<b>C</b>		5000.00
Name of Employer Stebbins Five Companies	Occupation		
Receipt For:	Managing	g Partner Year-to-Date ▼	_
	neral	Teal-10-Date ▼	1
Other (specify) ▼		5000.00	
Full Name (Last, First, Mid C. Mr Michael Cook	dle Initial)		Date of Receipt
Mailing Address 2724 k	Ging St.		10 03 7 2006
City	State	Zip Code	Transaction ID: 24713271
Alexandria	VA	22302-4009	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	uting C		250.00
Name of Employer Epstein Becker and Green P.C.	Occupation Partner	1	
Receipt For:		Year-to-Date ▼	
Primary Ge Other (specify) ▼	neral	550.00	
SUBTOTAL of Receipts This	s Page (optional)		5550.00
TOTAL This Period (last page	ne this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 56 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Health Care Association Politic	al Action	Committee	
Α.	Rurnt Travern Rehabilation	State NJ C Occupation Vice Pres Aggregate		Date of Receipt  M M M / D D M 2 0 0 6  Transaction ID: 24713391  Amount of Each Receipt this Period  125.00
3.	Full Name (Last, First, Middle Initial) Ms. Michaela Miller Mailing Address 20383 SW Tremont Way City	State	Zip Code	Date of Receipt    M M
	Aloha  FEC ID number of contributing federal political committee.	OR C	97007-8597	Amount of Each Receipt this Period  5000.00
	Avamere Health Services	Occupation Sharehol Aggregate		
Full Name (Last, First, Middle Initial)  Mr. Rick Miller  Mailing Address 25117 SW Parkway Suite F				Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Wilsonville	State OR	Zip Code 97070-9697	Transaction ID: 24716715
	FEC ID number of contributing federal political committee.	C	97070-9697	Amount of Each Receipt this Period  5000.00
	Avamoro Hoolth Corvidoe	Occupation President Aggregate		
s	UBTOTAL of Receipts This Page (optional)			10125.00
T	OTAL This Period (last page this line number only	Λ)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/56
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial)  Ms Arlene Miles			Date of Receipt
Mailing Address 225 E 16th Ave. #110			10 05 7 2006
City	State	Zip Code	Transaction ID: 24717442
Denver	CO	80203-1620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		-250.00
Name of Employer Colorado Health Care Asso- ciation	Occupation State Exc		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		875.00	
Full Name (Last, First, Middle Initial)			
Mailing Address 5001 E. Anaheim St.			Date of Receipt  1 0 0 5 2 0 0 6
City	State	Transaction ID: 24717444	
Long Beach	CA	Zip Code 90804-3296	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Bel Vista Convalescent Ho-	Occupation	n	7
<u>spital</u>	Administ		
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial)  C. Mr. Peter Feeney			Date of Receipt
Mailing Address 201 S Main Street 2nd I	=loor		10 05 7 2006
City	State	Zip Code	Transaction ID: 24717445
Ann Arbor	MI	48104-2113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		-250.00
Name of Employer Chelsea Rhone	Occupation Infornation	n on Requetsed	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		0.00	
SUBTOTAL of Receipts This Page (optional)			0.00
SOBTOTAL of necespts This Page (optional)		······································	
TOTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Llaa aanarata aahadula(a)	FOR LINE NU		PAGE 13/56
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only or	ne)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12
				13	14	15 16 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any person	n for the purpose	e of soliciti	ng contributions
<u>.</u>	NAME OF COMMITTEE (In Full)	ine and ade	reas or any pointour committee to		5115 11 6111 6	don committee.
$\rangle$	American Health Care Association Politic	al Action	Committee			
_						
۹.	Full Name (Last, First, Middle Initial) Mr James Unverferth			Date of Re	eceipt	
	Mailing Address 1100 Shawnee Road			10	02	2006
	City	State	Zip Code	Transaction	n ID: 247	717449
	Lima	OH	45805-3583	Amount of	Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C				1250.00
	Name of Employer HCF, Inc.	Occupation President				
	Receipt For:		Year-to-Date ▼	-		
	Primary General	7 tgg. 0ga.0				
	Other (specify) ▼	0 0	5000.00			
3.	Full Name (Last, First, Middle Initial) Ms Jan Thayer			Date of Re	eceipt	
	Mailing Address 404 Woodland Dr			1 0 /	02	2006
	City	State	Zip Code	Transaction	n ID: 247	
	Grand Island	NE	68801-8857			eipt this Period
	FEC ID number of contributing federal political committee.	C			1 1	1250.00
	Name of Employer Riverside Lodge	Occupation				
			dministrator			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		5000.00			
	Full Name (Last, First, Middle Initial) Mr. Richard Dillon			Date of Re	eceipt	
Mailing Address 25117 SW Parkway, Suite		e F		M M /	06	2006
	City		Zip Code	Transaction		
	Wilsonville	OR	97070-9697			eipt this Period
	FEC ID number of contributing federal political committee.	C			1 1	250.00
	Name of Employer Avamere	Occupation	1			
	Receipt For:	Aggregate	Year-to-Date ▼	1		
	Primary General Other (specify) ▼		250.00			
s	UBTOTAL of Receipts This Page (optional)		<b></b>			2750.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/56
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Health Care Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial)  A. Mr Michael Scharfenberger			Date of Receipt
Mailing Address 7265 Kenwood Rd #3	300		10 06 7 9 9 9
City	State	Zip Code	Transaction ID: 24721370
<u>Cincinnati</u>	OH	45236-4414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Nursing Care Management	Occupatio Exec Vic	n e President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	600.00	
Full Name (Last, First, Middle Initial)  3. Ms. Linda Black-Kurek			Date of Receipt
Mailing Address 7445 Liberty Woods I	Mailing Address 7445 Liberty Woods Lane		
City	State	Zip Code	Transaction ID: 24725651
Dayton	OH	45459-3911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Liberty Health Care Corp	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1250.00	
Full Name (Last, First, Middle Initial)  C. Mr. John A. Grillo			Date of Receipt
Mailing Address 101 Captain Walk			10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24725661
Egg Harbor Twp	NJ	08234-7386	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer National Energy Services	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			850.00
		·	
TOTAL This Period (last page this line number	er only)		

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 15/56
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	name and add	fress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		•	
$  \rangle$	American Health Care Association Polit	ical Action	Committee	
	American meanin dare Association i din	icai Action	Committee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Mr. John A. Grillo			Date of Receipt
	Mailing Address 101 Captain Walk			M M / D D / Y Y Y Y
	<u>'</u>			10 05 2006
	City	State	Zip Code	Transaction ID: 24725662
	Egg Harbor Twp	NJ	08234-7386	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer National Energy Services	Occupation		
		President	-	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		350.00	1
	Other (specify) ▼		330.00	
_				
_	Full Name (Last, First, Middle Initial)			Data of Bassist
В.				Date of Receipt
	Mailing Address 4900 Telegraph Rd.			10 10 2006
	City	State	Zip Code	
	•		•	Transaction ID: 24726694
	Ventura	CA	93003-4131	Amount of Each Receipt this Period
	FEC ID number of contributing	C		300.00
	federal political committee.			
	Name of Employer Ventura Townhouse	Occupation	1	7
	Ventura Townhouse	President		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	7
	Primary General			1
	Other (specify) ▼	1	300.00	
				*
	Full Name (Last, First, Middle Initial)			
C.	Mr W Parker Tomlinson			Date of Receipt
	Mailing Address 513 E Whitaker Mill Rd			M M / D D / Y Y Y Y
	0"			10 05 2006
	City	State	Zip Code	Transaction ID: 24797148
	Raleigh	NC	27608	Amount of Each Receipt this Period
	FEC ID number of contributing	С		75.00
	federal political committee.			76.00
	Name of Employer	Occupation	<u> </u>	$\dashv$
	Mayview Convalescent Cent-	Vice Pres		
	er Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	, iggi ogale		1
	Other (specify)		300.00	
			1 1 1 1 1 1 1	1
_	UBTOTAL of Receipts This Page (optional)			475.00
$\vdash$				
				The second secon

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 56 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or f	y information copied from such Reports and Station commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  American Health Care Association Politic	cal Action	Committee	
Α.	Full Name (Last, First, Middle Initial)  Mr Lee Marchant  Mailing Address 3800 Gifford Road  City  Bloomington  FEC ID number of contributing federal political committee.  Name of Employer LJM Enterprises  Receipt For:  Primary General Other (specify)	State IN  C Occupation President Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr Michael Scharfenberger  Mailing Address 7265 Kenwood Rd #300  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Nursing Care Management  Receipt For: Primary General Other (specify)		Zip Code 45236-4414  n e President e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial)  Ms Gail Clarkson  Mailing Address 1387 Club Drive  City  Bloomfield Hills  FEC ID number of contributing federal political committee.  Name of Employer The Medilodge Group  Receipt For:  Primary General  Other (specify)	State MI  C  Occupation Vice Pres Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)		······	1625.00
т	OTAL This Period (last page this line number on	lv)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		GE 17/56	
	EMIZED RECEIPTS		or each category of the	(check only one)	П.,	
••			Detailed Summary Page	X 11a 11b 11c 15	12 16 17	
Δr	w information conied from such Reports and St	atemente may	y not be cold or used by any perso			
or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from such co	ommittee.			
	NAME OF COMMITTEE (In Full)					
$\rangle$	American Health Care Association Poli	tical Action	Committee			
A.	Full Name (Last, First, Middle Initial) Mr. Gary Catlett			Date of Receipt		
	Mailing Address 4 Wisteria Court	Chaha	7'a Cada	1 0 0 5 Y	2006	
	City	State SC	Zip Code	Transaction ID: 2479716		
	Spartanburg	30	29307-3513	Amount of Each Receipt th	is Period	
	FEC ID number of contributing federal political committee.	C			300.00	
	Name of Employer	Occupation Administr				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00			
	Other (specify) ▼		300.00			
В.	Full Name (Last, First, Middle Initial) Mr Louis Serra			Date of Receipt		
	Mailing Address 2525 Pennsylvania Ave	1 0 / D D / Y	2006			
	City State		Zip Code	Transaction ID: 24797167		
	Weirton	WV	26062-3693	Amount of Each Receipt th	is Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Weirton Geriatric Center	Occupation				
			dministrator			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		2000.00			
_	Full Name (Last, First, Middle Initial)			Data of Bassist		
C.	Mr John Elliot  Mailing Address 240 Captol Street 500			Date of Receipt	YYY	
	240 Captor Street 300			10 05	2006	
	City	State	Zip Code	Transaction ID: 2479716		
	Charleston	WV	25301-2297	Amount of Each Receipt th	is Period	
	FEC ID number of contributing federal political committee.	C			2500.00	
	Name of Employer AMFM Inc	Occupation CEO	1	7		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		5000.00			
	Other (specify) ▼		3000.00			
s	UBTOTAL of Receipts This Page (optional)				3300.00	
$\vdash$			•		• • • • • • • • • • • • • • • • • • • •	
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 18 / 56 (check only one)
•	LWIZED RECEIF 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Health Care Association Politi			
΄ Α.	Full Name (Last, First, Middle Initial) Ms. Fonda Elliot			Date of Receipt
	Mailing Address 240 Captol Street Suite 5			10 05 7 2006
	Charleston	State WV	Zip Code 25301-2297	Transaction ID: 24797170  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23301-2297	2500.00
	Name of Employer AMFM, Inc.	Occupation Owner	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Rick Mendlen			Date of Receipt
	Mailing Address 1810 Gillespie Way Ste.	10 11 7 2006		
	City El Cajon	State CA	Zip Code 92020-0921	Transaction ID: 24798231  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32020-0321	250.00
	Name of Employer Kennon Shea & Assoc.	Occupation Consulta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gerald Schroer, Jr.			Date of Receipt
	Mailing Address 7235 Whipple Ave. NW			10 11 2006
	North Canton	State OH	Zip Code 44720-7137	Transaction ID: 24798244  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	111201101	500.00
	Name of Employer Altercare	Occupation Administ		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
S	JBTOTAL of Receipts This Page (optional)			3250.00
T	OTAL This Period (last page this line number or	nly)	<b>_</b>	

SCHEDULE A (FEC Form	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/56
ITEMIZED RECEIPTS	•	or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repor	ts and Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or for commercial purposes, other than u	sing the name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Associat	ion Political Action	Committee	
Full Name (Last, First, Middle Initial)  Timothy Boyle			Date of Receipt
Mailing Address 936 Spyglass C	ourt		10 11 2006
City	State	Zip Code	Transaction ID: 24798253
Dakota Dunes	SD	57049-5101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Care Centre Management	Occupation Pres	1	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		1600.00	1
Other (specify) ▼	0 0	1600.00	
Full Name (Last, First, Middle Initial)  Ms Sally Rapp			Date of Receipt
Mailing Address 3308 Ocean Bly Suite 280			10 11 2006
City	State	Zip Code	Transaction ID: 24798277
Corona Del Mar	CA	92625-3256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer SR Management Svcs. Inc.	Occupation	ı	
Receipt For:	CEO	e Year-to-Date ▼	_
Primary General	Aggregate	: Teal-10-Date ▼	7
Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial)  C. Todd Smith	l		Date of Receipt
Mailing Address 5902 Carlton La	ane		10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24800823
<u>Bethesda</u>	MD	20816-2308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer AHCA	Occupation	1	$\exists$
	Lobbyist		
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		1000.00	
Carior (openity)			
SUBTOTAL of Receipts This Page (op	tional)		2500.00
TOTAL This Period (last page this line	number only)		

91	CHEDIII E A /EEC Form 2V)	[		FOR LINE NUMBER: PAGE 20 / 56
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atomonte may	y not be cold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Health Care Association Political	tical Action	Committee	
_	Full Name (Last, First, Middle Initial)			
A.	Mr Angelo S. Rotella			Date of Receipt
	Mailing Address 303 Rhodes Ave			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	10 10 2006
	City	State	Zip Code	Transaction ID: 24800824
	Woonsocket	RI	02895-2899	Amount of Each Receipt this Period
	FEC ID number of contributing	С		2500.00
	federal political committee.	<u> </u>		
	Name of Employer Friendly Home Inc	Occupation	1	┥
	Friendly Home Inc	President	t/Admin	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	1 1		1
	Other (specify) ▼		2500.00	
	Full Name (Last, First, Middle Initial)			
В.	Pam Anderson			Date of Receipt
	Mailing Address 411 Main St.			10 12 2006
	City	State	Zip Code	
	City	TX	•	Transaction ID: 24801895
	Sulphur Springs	1/	75482-2762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer Medicine Chest Pharmacy	Occupation	1	7
	Medicine Chest Pharmacy	Marketing	g Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	500.00	7
	Other (specify)	0 0	300.00	
C.	Full Name (Last, First, Middle Initial) Mr. Neil Pruitt, Jr.			Date of Receipt
٠.	Mailing Address P.O. Box 1210			M M / D D / Y Y Y Y
				10 12 2006
	City	State	Zip Code	Transaction ID: 24801916
	Toccoa	GA	30577-1421	Amount of Each Receipt this Period
	FEC ID number of contributing			1050.00
	federal political committee.	C		1250.00
	Name of Employer	Occupation	`	$\dashv$
	Name of Employer Pruitt Corporation	Occupation CEO	1	
	Receipt For:		Year-to-Date <b>V</b>	$\dashv$
	Primary General	Ayyı eyale	Toul to Date ▼	7
	Other (specify)		5000.00	
		0 0		4
١	UBTOTAL of Receipts This Page (optional)			4250.00
$\vdash$	ODI OTAL OF HOOGING THIS Fage (optional)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 56 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Health Care Association Politic	cal Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Michael Morton  Mailing Address 415 Rogers Avenue  City Fort Smith  FEC ID number of contributing federal political committee.  Name of Employer Central Arkansas Nursing Ctrs  Receipt For:  Primary General Other (specify)	State AR C Occupation Owner Aggregate	Zip Code 72901-1926	Date of Receipt  M M M / 10
3.	Full Name (Last, First, Middle Initial) Mr. Nathan Dikes  Mailing Address 11124 E 30th Avenue  City Spokane Valley  FEC ID number of contributing federal political committee.  Name of Employer Sunshine Gardens  Receipt For: Primary General Other (specify)		Zip Code 99206-5890  n ministrator/Vice President e Year-to-Date ▼ 300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) Mr Daniel Salmon Mailing Address 85 Beaumont Dr  City Northbridge FEC ID number of contributing federal political committee.  Name of Employer Beaumont Nursing Home  Receipt For: Primary General Other (specify)	State MA  C Occupation Administr Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······•	1575.00
т	OTAL This Period (last page this line number on	lv)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 56
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
П	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Health Care Association Politi	cal Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Mr. Russell V Peterson			Date of Receipt
	Mailing Address 5281 Venturs Drive			10 10 2006
	City	State	Zip Code	Transaction ID: 24820942
	Fremont	NE	68025-9779	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Nye Senior Living	Occupation Regional	n Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Arthur Logsdon			Date of Receipt
	Mailing Address One N. Capitol			10 10 2006
	City	State	Zip Code	Transaction ID: 24820944
	Indianapolis	IN	46204-2224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Indiana Health Care Assn.	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify)	0 0	1000.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr R. Peter Madel, Jr.			Date of Receipt
	Mailing Address 108 8th St NW			10 10 2006
	City	State	Zip Code	Transaction ID: 24820950
	Waseca	MN	56093-1912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lake Shore Inn Nursing Ho- me	Occupation CEO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		227.25	1
	Other (specify) ▼		625.00	
s	UBTOTAL of Receipts This Page (optional)			1375.00
_			<u> </u>	

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 23 / 56
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Health Care Association Polit	ical Action	Committee	
_	Full Name (Last, First, Middle Initial)			
Α.	Mr Dale Thompson			Date of Receipt
	Mailing Address 1995 E Rum River Dr S			10 10 2006
	City	State	Zip Code	Transaction ID: 24820959
	Cambridge	MN	55008-2664	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Benedictine Health Systems	Occupation		7
	Receipt For:		Year-to-Date <b>V</b>	_
	Primary General	Aggregate	Teal-10-Date	
	Other (specify)		1000.00	
	Cure (epocus) V	0 0	1 1 1 1 1 1 1	4
R	Full Name (Last, First, Middle Initial) Mr. Richard Herrick			Date of Receipt
٥.	Mailing Address 33 Elk St. #300			M M / D D / Y Y Y Y
	35 EIR 31. #300			10 10 2006
	City	State	Zip Code	Transaction ID: 24820962
	Albany	NY	12207-1073	Amount of Each Receipt this Period
	FEC ID number of contributing			105.00
	federal political committee.	C		125.00
	Name of Employer NYS Health Facilities Ass-	Occupation	<u> </u>	┥
	NYS Health Facilities Ass- ociation	President		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General			1
	Other (specify)	0 0	500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Linda Black-Kurek			Date of Receipt
	Mailing Address 7445 Liberty Woods La	ne		10 10 2006
	City	State	Zip Code	Transaction ID: 24820963
	Dayton	OH	45459-3911	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Liberty Health Care Corp	Occupation President		
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	Ayyıeyale	, real-lu-Dale ▼	-
	Other (specify)		1500.00	
		0 0	1 1 1 1 1 1 1	4
	L			
_	UBTOTAL of Receipts This Page (optional)			1375.00
$\vdash$	ODITAL OF HOOGIPIS THIS Page (optional)			

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 56
	EMIZED RECEIPTS	or each category of the  Detailed Summary Page		(check only one)
Ш	EMIZED RECEIP 13			X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Health Care Association Politic	cal Action	Committee	
Α.				Date of Receipt
	Mailing Address 3674 Pacific Ave.			10 16 2006
	City	State	Zip Code	Transaction ID: 24820989
	Riverside	CA	92509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Vista Pacifica Enterprises	Occupation Owner	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
— В.	Full Name (Last, First, Middle Initial) Howard Groff			Date of Receipt
	Mailing Address 9031 Penn. Ave. South			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24820997
	Bloomington	MN	55431-2225	Amount of Each Receipt this Period
		11111	30.0. ===0	- Although of Edon't toolpt this Torica
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Tealwood Care Centers Inc	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		5000.00	
<b>C</b> .	Full Name (Last, First, Middle Initial) Mr. Dion Sena			Date of Receipt
	Mailing Address 1301 NE 104th Street			10 16 2006
	City	State	Zip Code	Transaction ID: 24821004
	Miami Shores	FL	33138-2661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Alachua Health Consultants Inc.	Occupation Owner	ı	7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			4000.00
$\vdash$	,			-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 25/56			
	EMIZED RECEIPTS		or each category of the	(check only one)	1 <b>–</b>			
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17			
Δr	w information copied from such Reports and Str	atemente may	y not be cold or used by any perso					
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	solicit contributions from	such committee.					
$\setminus$	NAME OF COMMITTEE (In Full)							
	American Health Care Association Polit	ical Action	Committee					
A.	Full Name (Last, First, Middle Initial) Mr. Jesse Johnson, Jr.			Date of Receipt				
	Mailing Address 1500 E. First St.			10 16	2006			
	City	State	Zip Code	Transaction ID: 24				
	Newberg	OR	97132	Amount of Each Re	ceipt this Period			
	FEC ID number of contributing federal political committee.	C			250.00			
	Name of Employer Newberg Care Home	Occupation Administr	n rator/Owner					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		1000.00	1				
	Other (specify) ▼	0 0						
В.	Full Name (Last, First, Middle Initial) Mr Kenneth Greiner			Date of Receipt				
	Mailing Address 4350 Will Rogers Pkwy	Ste 300	M M / D D D 16	2006				
	City State		Zip Code	Transaction ID: 24	Transaction ID: 24821010			
	Oklahoma City	OK	73108-1839	Amount of Each Re	ceipt this Period			
	FEC ID number of contributing federal political committee.	С			250.00			
	Name of Employer Grace Living Center	Occupation						
	Receipt For:	President	t e Year-to-Date ▼	_				
	Primary General	Aggregate	: Teal-10-Date V	1				
	Other (specify) ▼	0 0	1000.00					
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. John A. Vinson			Date of Receipt				
	Mailing Address 329 Townpark Circle			M M / D D D D D D D D D D D D D D D D D	2006			
	City	State	Zip Code	Transaction ID: 24				
	Louisville	KY	40243-2348	Amount of Each Re				
	FEC ID number of contributing				<del> </del>			
	federal political committee.	С			1000.00			
	Name of Employer Health Systems of KY	Occupation President						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		2000.00					
	Other (specify) ▼							
s	UBTOTAL of Receipts This Page (optional)				1500.00			
$\vdash$	·		•					
T	TOTAL This Period (last page this line number only)							

S	CHEDULE A (FEC Form 3X)		Harana and a shadala (a)	FOR LINE NUMBER: PAGE 26 / 56
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	or commercial purposes, other than using the r	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		_	
$\angle$	American Health Care Association Polit	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Ms Cheryl Rapp			Date of Receipt
	Mailing Address 4001 Ponds Court			10 16 2006
	City	State	Zip Code	Transaction ID: 24821016
	Pleasanton	CA	94566-7523	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1250.00
	Name of Employer CARREI	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	5000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Kathleen Collins Pagels			Date of Receipt
	Mailing Address 5020 B, N. 8th Place,			M M / D D / Y Y Y Y
	Suite A			10 16 2006
	City	State	Zip Code	Transaction ID: 24821018
	Phoenix	AZ	85014-3265	Amount of Each Receipt this Period
	FEC ID number of contributing	С		125.00
	federal political committee.			120.00
	Name of Employer	Occupation	1	7
	Arizona Health Care Association	Executive	Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		375.00	
	Other (specify)		373.00	
	Full Name (Last, First, Middle Initial)			Date of Descript
C.	James R. Westbury  Mailing Address 922 McDonough Rd			Date of Receipt
	Walling Address 922 MCD0H0dgH Ad			10 16 2006
	City	State	Zip Code	Transaction ID: 24821025
	<u>Jackson</u>	GA	30233-1522	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer Westbury Medical Care Home	Occupation		
	Inc	Administr		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		2000.00	
	Calci (opecin)) \		0 0 0 0 0 0 0	1
	<b>L</b>			
0	JBTOTAL of Receipts This Page (optional)			1875.00
۳				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27/56	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17	7
۸۰	winformation against from auch Departs and St	totomonto mo	reat he cold or wood by any norce		_
or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)				_
$\rangle$	American Health Care Association Poli	tical Action	Committee		
Α.	Full Name (Last, First, Middle Initial) Mr John C. Orestis			Date of Receipt	
	Mailing Address PO Box 1408 179 Lisbon St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 24821028	
	Lewiston	ME	04243-1408	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		2000.00	1
	Name of Employer North Country Associates	Occupation	1	-	
	North Country Associates	President	t		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		2000.00		
	Other (specify)	0 0	2000.00		
В.	Full Name (Last, First, Middle Initial) Mr. Robert Siebel			Date of Receipt	
	Mailing Address 13185 W. Great Mount	10 16 2006			
	City	State	Zip Code	Transaction ID: 24821032	
	Lakewood	CO	80228-3512	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Carriage Healthcare Compa-	Occupation President			
	nies, Inc. Receipt For:		Year-to-Date ▼	-	
	Primary General	00 0		1	
	Other (specify) ▼	0 0	2000.00		
<u>С</u> .	Full Name (Last, First, Middle Initial) John Barber			Date of Receipt	
	Mailing Address PO Box 3347			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 24821035	
	Spartanburg	SC	29302-4335	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		1250.00	
	Name of Employer White Oak Manor	Occupation Executive	n e VP/CFO		
	Receipt For:		Year-to-Date ▼		
	Primary General		5000.00	1	
	Other (specify) ▼		5000.00		
s	UBTOTAL of Receipts This Page (optional)			3750.00	
$\vdash$	. 5 ,				ĺ
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		L

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 56
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Δn	v information conied from such Reports and St	atements may	not he sold or used by any nerso	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and ado	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Health Care Association Poli	tical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Mr Martin Sbriglio, RN, NHA, C			Date of Receipt
	Mailing Address 88 Ryders Lane Suite 208			10 16 2006
	City	State	Zip Code	Transaction ID: 24821104
	Stratford	CT	06614-1666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer Ryders Health Management	Occupation Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		5000.00	1
	Other (specify) ▼	0 0	3000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Marjorie Shell			Date of Receipt
	Mailing Address 625 East Water St.			10 16 2006
	City	State	Zip Code	Transaction ID: 24821111
	Pendleton	IN	46064-8730	Amount of Each Receipt this Period
	FEC ID number of contributing			625.00
	federal political committee.	C		023.00
	Name of Employer	Occupation	1	
	Fall Creek Retirement Vil- lage	Owner		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		4375.00	]
	Other (specify)	0 0		
С.	Full Name (Last, First, Middle Initial) Mr Wade Peterson			Date of Receipt
	Mailing Address 201 14th St., NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24821148
	Mandan	ND	58554-2063	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		200.00
	Name of Employer MedCenter One Care Center	Occupation Administr		
	Receipt For:		Year-to-Date ▼	-
	Primary General	1.999		1
	Other (specify) ▼		300.00	
	UDTOTAL of Descriptor This Descriptor II			5825.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29/56				
ITEMIZED RECEIPTS		or each category of the	(check only one)				
TEMIZED RESERVES		Detailed Summary Page	X   11a   11b   11c   12   15   16   17				
Any information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions				
or for commercial purposes, other than using the na	me and add	ress of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)		•					
American Health Care Association Politic	cal Action	Committee					
Full Name (Last, First, Middle Initial)							
A. Mr. Gary Anderson			Date of Receipt				
Mailing Address 6618 McMakin Court			10 17 2006				
City	State	Zip Code	Transaction ID: 24838881				
Colleyville	TX	76034-5752	Amount of Each Receipt this Period				
FEC ID number of contributing							
federal political committee.	C		100.00				
Name of Employer	Occupation	1	┪				
Preferred Care Management	President	/Management Company					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		600.00					
Other (specify)	0 0						
Full Name (Last, First, Middle Initial)							
Mr Wade Peterson			Date of Receipt				
Mailing Address 201 14th St., NW			10 18 2006				
City	State	Zip Code	Transaction ID: 24851270				
Mandan	ND	58554-2063	Amount of Each Receipt this Period				
FEC ID number of contributing			100.00				
federal political committee.	C		100.00				
Name of Employer MedCenter One Care Center	Occupation	1	╡				
MedCenter One Care Center	Administr						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General  Other (specify) ▼		400.00					
Ciriei (specify)							
Full Name (Last, First, Middle Initial)							
Mr David Beck			Date of Receipt				
Mailing Address 1250 H Street NW Suite 5	555		10 12 2006				
City	State	Zip Code	Transaction ID: 24851339				
Washington	DC	20005-3965	Amount of Each Receipt this Period				
FEC ID number of contributing	С		250.00				
federal political committee.							
Name of Employer Beverly Enterprises	Occupation		7				
		ent Relations	4				
Receipt For: Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		500.00					
			450.00				
SUBTOTAL of Receipts This Page (optional)		·····	450.00				
TOTAL This Period (last page this line number only	y)	<b>)</b>					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 56					
	EMIZED RECEIPTS		or each category of the	(check only one)					
			Detailed Summary Page	X   11a					
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions					
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
/	American Health Care Association Politic	cal Action	Committee	_					
۹.	Full Name (Last, First, Middle Initial) Mr. Steve Mulder			Date of Receipt					
	Mailing Address 7300 Del Pardo Street			10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 24851341					
	Boca Raton	FL	33433	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Whitehall Boca	Occupation Owner	ı						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		1000.00						
3.	Full Name (Last, First, Middle Initial) Mr. James D. Devlin, Jr.			Date of Receipt					
	Mailing Address 6 Truax Lane			10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 24859292					
	Foxboro	MA	02035-3211	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Kronos	Occupation	1						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		350.00						
		0 0		1					
Э.	Full Name (Last, First, Middle Initial) Mr Brad Stebbins			Date of Receipt					
	Mailing Address 600 E Whaley			10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 24859530					
	Longview	TX	75601-6525	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1250.00					
	Name of Employer Stebbins Five Companies	Occupation Owner	1						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		3750.00						
s	UBTOTAL of Receipts This Page (optional)			1750.00					
			<u> </u>						
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 56 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full)  American Health Care Association Politic	cal Action	Committee	
Α.	Full Name (Last, First, Middle Initial)  Mr. Chance Becnel  Mailing Address 935 Bellevue Place  City  Jackson  FEC ID number of contributing federal political committee.  Name of Employer Tara Cares  Receipt For:  Primary General  Other (specify)	State MS  C C  Occupation COO  Aggregate	Zip Code 39202-2702 n e Year-to-Date ▼	Date of Receipt    M M M
3.	Full Name (Last, First, Middle Initial) Ms. Lyn Bentley Mailing Address 2212 Hidden Valley Lane City	State	Zip Code	Date of Receipt    M M
	Silver Spring  FEC ID number of contributing federal political committee.	MD C	20904-5240	Amount of Each Receipt this Period  20.00
	Name of Employer AHCA  Receipt For:  Primary General  Other (specify) ▼	Occupation Director Aggregate	e Year-to-Date ▼ 380.00	
<b>.</b> .	Full Name (Last, First, Middle Initial)  Ms. Julie Cheeka  Mailing Address 3614 Connecticut Avenue	e, NW Apt	t 22	Date of Receipt  10 10 2006
	City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20008-2436	Transaction ID: 24871976  Amount of Each Receipt this Period  11.54
	Name of Employer AHCA  Receipt For:  Primary General Other (specify) ▼		n irector of Constituency Affair e Year-to-Date ▼ 230.80	
s	UBTOTAL of Receipts This Page (optional)			381.54
T	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 56 (check only one)    X   11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Health Care Association Politi	cal Action	Committee	
	Full Name (Last, First, Middle Initial) Mr. David Hebert Mailing Address 7605 Ridgecrest Drive City Alexandria FEC ID number of contributing federal political committee.  Name of Employer AHCA Receipt For: Primary General Other (specify)  Mailing Address 9507 Shelly Krasnow Ln City Fairfax FEC ID number of contributing federal political committee.  Name of Employer AHCA Receipt For: General Other (specify)  Fairfax FEC ID number of contributing federal political committee.  Name of Employer AHCA Receipt For: Primary General Other (specify)  General Other (specify)	State VA  C Occupation Senior Vi Aggregate VA  C Occupation Vice Pres	Zip Code 22308-1049  n ce President of Advocacy Year-to-Date ▼  333.36  Zip Code 22031-4720	Date of Receipt  Transaction ID: 24872077  Amount of Each Receipt this Period  27.78  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Full Name (Last, First, Middle Initial) Mr David Kyllo  Mailing Address 4621 28th Road South PAYROLL DEDUCTION  City Arlington  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For: Primary General Other (specify)		Zip Code 22206-1143  n Assisted Living e Year-to-Date ▼ 776.64	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			78.88
T	OTAL This Period (last page this line number on	lv)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 56
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and Sta	atements may	v not be sold or used by any perso	
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association Political	tical Action	Committee	
Full Name (Last, First, Middle Initial)  A. Mr. Michael Shepard			Date of Receipt
Mailing Address 6810 S. Hazel			10 16 2006
City	State	Zip Code	Transaction ID: 24884171
PineBioff	AR		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1100.00
Name of Employer Davis Life Care	Occupatio Presiden		
Receipt For:		e Year-to-Date ▼	_
Primary General	00 0		1
Other (specify) ▼	0 0	2250.00	
Full Name (Last, First, Middle Initial)  3. Mr Michael Cook			Date of Receipt
Mailing Address 2724 King St.			10 16 2006
City	State	Zip Code	Transaction ID: 24884469
Alexandria	VA	22302-4009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Epstein Becker and Green P.C.	Occupatio Partner	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		800.00	
			4
Full Name (Last, First, Middle Initial)  Ms. Mary Shriver			Date of Receipt
Mailing Address 617 Comstock Road Suite 8			10 18 / 2006
City	State	Zip Code	Transaction ID: 24886952
Montpelier	VT	05602-4307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer Vermont Health Care Assn.	Occupatio	n e Director	
Receipt For:		e Year-to-Date ▼	7
Primary General		225.00	1
Other (specify)		225.00	
SUBTOTAL of Receipts This Page (optional)			1425.00
TOTAL This Period (last page this line number of	only)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 34/56
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15   16   17
An	y information copied from such Reports and State	tements may	not be sold or used by any perso	n for the purpose of solicit	ing contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from s	such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Health Care Association Politi	cal Action	Committee		
_	Full Name (Last, First, Middle Initial)				
۹.	Mr Edward L. Kuntz			Date of Receipt	
	Mailing Address 680 South Fourth St.			1 0 1 6	2006
	City	State	Zip Code	Transaction ID: 24	
	Louisville	KY	40202-2412	Amount of Each Red	
			10202 2112	Amount of Each Floor	<del> </del>
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Kindred Healthcare	Occupation	n, CEO & President		
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼	1	1000.00		
				1	
3.	Full Name (Last, First, Middle Initial) Mr Michael Meillier			Date of Receipt	
	Mailing Address 27 Brand Ave PO Box			M M / D D	/ Y Y Y Y
				10 16	2006
	City	State	Zip Code	Transaction ID: 24	887623
	<u>Faribault</u>	MN	55021-6411	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			75.00
	Name of Employer Pleasant Manor Inc	Occupation	1		
	Pleasant Manor Inc	Social Se	ervices Dir		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>		
	Primary General		300.00	1	
	Other (specify)	0 0	300.00		
	Full Name (Last, First, Middle Initial)				
<b>)</b> .	Mr. Scott Carlson			Date of Receipt	
	Mailing Address 994 Sharon Lane			1 0 1 6	2006
	City	State	Zip Code	Transaction ID: 24	
	Ventura	CA	93001-3847	Amount of Each Red	
			00001 0017	Amount of Each flee	
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Sun Health Care	Occupation	1	7	
			Government Relations		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼		300.00		
s	UBTOTAL of Receipts This Page (optional)				450.00
	,				70705 40
T	OTAL This Period (last page this line number or	ıly)	<b>)</b>		70735.42

	Use seperate schedule(s)		check or					35 / 56			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b 27	22	2 [	23 28b	24 28c		25 29	П	26 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name										5	
NAME OF COMMITTEE (In Full)	and address of any political oc	J	1100 10 0	Onon O	5110100	2110110 111	5111 50011	001111	inttoo		
American Health Care Association Political	Action Committee										
Full Name (Last, First, Middle Initial)				Tra	ansac	tion ID:	246916	329			
Jim Moran				_	ate of I	Disburse		Y Y	Y	Y	
Mailing Address 1225 19th St. NW #500					0	0	3 /	2	0 Ó 6		
•	State Zip Code DC 20036			Ar	nount	of Each	Disburse	emen	t this P	erio	t
Purpose of Disbursement	20000	_		+ $+$				2	2000.0	00	
r dipose of Biobarosinoni		0.	11		_			_			
Candidate Name Mr. Jim Moran		Cate Ty	gory/ pe								
Office Sought: X House Disburse											
Senate	Primary X General										
President State: VA District: 8	Other (specify)										
Full Name (Last, First, Middle Initial)				-		ID	0.4004.0				_
Pastor for Arizona				Da	te of I	Disburse					
Mailing Address 413 N. Seventh Ave. 408 Cannon House Ofc B	ldg				0 <sup>M</sup>	<sup>′</sup> 0	3 /	ž	0 0 6	Y	
,	State Zip Code AZ 85007			Ar	nount	of Each	Disburse	emen	t this P	erio	t
Purpose of Disbursement	AZ 03007	_		+ [				2	2000.0	00	
		Ō.	11.	-							
Candidate Name Mr. Ed Pastor		Cate Ty	gory/ pe								
Office Sought:  X House Senate President  Disburse	ment For: 2006 Primary X General Other (specify)										
State: AZ District: 2											
Full Name (Last, First, Middle Initial)  Berman for Congress						tion ID: Disburse	246916 ement	33			
Mailing Address 8655 Wilshire Blvd, Ste 2	20				0 <sup>M</sup>	<sup>′</sup> 0	3 /	ž	0 0 6	Υ	
,	State Zip Code CA 90211			Ar	nount	of Each	Disburse	emen	t this P	erio	k
Purpose of Disbursement	00211		-	† L				2	2000.0	00	
Candidate Name Mr. Howard Berman		0° Cate Ty	gory/								
Office Sought:  X House Senate President State: CA District: 26	ment For: 2006 Primary X General Other (specify)		•								
State. UA DISTITUT. 20				_							_
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					6	0.000	0	
TOTAL This Period (last page this line number only)											$\neg$

SCILEDOLL B (I LOI OIIII 3A)	Use seperate schedule(s)	(check only	NUMBER:		PAC	àE 36/5	6
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name.							3
<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	e and address of any political co	ommittee to So	non continuu	11011	i Sucii CC	ATHITHULE <del>E</del>	
American Health Care Association Politica	al Action Committee						
Full Name (Last, First, Middle Initial)			Transact			4	
Levin for Congress Cmte			Date of D			V V	Y
Mailing Address 436 New Jersey Ave SE			1"0 "	0 3	3 / [ .	ž 0 ŏ 6	
City Washington	State Zip Code DC 20003		Amount o	of Each D	isbursen	nent this P	'eriod
Purpose of Disbursement	20000					4000.0	00
		011					
Candidate Name Mr. Sander Levin		Category/ Type					
Office Sought: X House Disburs	ement For: 2006 Primary X General						
President	Other (specify)						
State: MI District: 12							
Full Name (Last, First, Middle Initial)  Wally Herger for Congress Cmte			Transact			5	
wally herger for Congress Ciffle			Date of D	/ D [	) / Y	YY	Υ
Mailing Address 3881 Benatar Way 2433 Rayburn House Of			1 0	0.3	3	ž 0 Ŏ 6	
City Chico	State Zip Code CA 95028		Amount o	of Each D	isbursen	nent this P	eriod
Purpose of Disbursement	1	• •				1000.0	00
Candidate Name		011					
Mr. Wally Herger		Category/ Type					
Office Sought: X House Disburs Senate	ement For: 2006 Primary X General						
State: CA District: 2	Other (specify)						
Full Name (Last, First, Middle Initial)			Transact			3	
Christopher Shays			Date of D		_	YYY	Υ
Mailing Address 98 East Avenue Rear Bu 98 East Avenue Rear Bu	ilding		1 0	0 3		ž 0 Ď 6	
City Norwalk	State Zip Code CT 06851		Amount o	of Each D	isbursen	nent this P	eriod
Purpose of Disbursement		044				3000.0	00
Candidate Name Mr. Christopher Shays		011 Category/ Type					
Office Sought: X House Disburs Senate President	ement For: 2006 Primary X General Other (specify)						
State: CT District: 4							
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>				8000.0	0
TOTAL This Period (last page this line number only							

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check onli	NUMBER:		PAGE	3//5	b
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 > 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political co	minilitiee to Sc	TICIL COLILIDO	IIIOII 6110III	SUCIT COIT	millee	
American Health Care Association Political	Action Committee						
Full Name (Last, First, Middle Initial)				tion ID: 2			
A. Becerra for Congress			Date of D	Disbursem		YY	Υ
Mailing Address 1910 Sunset Blvd Suite 5	40		1 0	03	] [;	ž 0 ŏ 6	
•	State Zip Code CA 90026		Amount	of Each D	isburseme	nt this P	eriod
Purpose of Disbursement	I					3000.0	0
Candidate Name		011					
Mr. Xavier Becerra	'	Category/ Type					
Office Sought: X House Disburse							
Senate   President	Primary X General Other (specify) ▼						
State: CA District: 30							
Full Name (Last, First, Middle Initial)  Texans for Henry Bonilla				tion ID: 2			
			M M	Disbursem 0 3		Y Y	Y
Mailing Address PO Box 17292			1 0	0.3	] [;	ž 0 ŏ 6	
•	State Zip Code TX 78217		Amount	of Each D	isburseme	nt this P	eriod
Purpose of Disbursement						3000.0	0
Candidate Name		011					
Mr. Henry Bonilla	'	Category/ Type					
Office Sought: X House Disburse							
Senate   President	Primary X General Other (specify)						
State: TX District: 23							
Full Name (Last, First, Middle Initial) Friends of Jack Kingston				tion ID: 2 Disbursem	4691622		
			ММ	0 3		ž 0 ŏ 6	Υ
Mailing Address Suite 102, Enterprise Bld 1229 Longworth House C	fc Bldg		1 0				
•	State Zip Code GA		Amount	of Each D	isburseme	nt this P	eriod
Purpose of Disbursement	Г	-				2000.0	0
Candidate Name		011 Category/					
Mr. Jack Kingston	`	Type					
Office Sought: X House Disburse							
Senate President	Primary X General Other (specify) ▼						
State: GA District: 1	•						
SUBTOTAL of Disbursements This Page (optional) .		<b>)</b>				3000.0	0
TOTAL This Period (last page this line number only)							

SCILEBOLL B (I LOI OIIII 3A)	Use seperate schedule(s)			E NUMBE nly one)	:K:		LP/	AGE	38 / 5	Ь	_
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	تنا	23 28b	24 28c	Н	25 29	_	:6 :0b
Any Information copied from such Reports and Statemer for commercial purposes, other than using the name											
<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political co	JIIIIII	10 8	OHOIL COITE	ibulio	110 110	iii auciii	COHIII	ıııı <del>ce</del>		_
American Health Care Association Political	Action Committee										
Full Name (Last, First, Middle Initial)							246916	640			
Tom Davis for Congress					of Dis	burse		v v	V .	V	
Mailing Address P.O. Box 483				1 0		<sup>D</sup> 0	3	2	0 ŏ 6		
	itate Zip Code /A 22027			Amou	unt of	Each I	Disburse	ement	this P	eriod	
Purpose of Disbursement	77 22021			- [				4	0.00	0	1
		01	1								
Candidate Name Mr. Tom Davis		Cate Ty									
Office Sought: X House Disburser Senate	nent For: 2006 Primary X General										
President	Other (specify)										
State: VA District: 11	· 										
Full Name (Last, First, Middle Initial)				1			246915	73			
5. Stupak for Congress				Date	of Dis	burse		ΥΫ́Υ	Y	Υ	
Mailing Address 817 Ninth Ave. PO Box 143				1 0		0	3   _	2	0 ð 6		
•	tate Zip Code VI 49858			Amou	unt of	Each I	Disburse	ement	this P	eriod	
Purpose of Disbursement		-	-	† L.				1	0.00	0	
-		01	_								
Candidate Name Mr. Bart Stupak	'	Cate									
Office Sought: X House Disburser	nent For: 2006	,,									
Senate	Primary X General										
President State: MI District: 1	Other (specify) ▼										
Full Name (Last, First, Middle Initial)				Trans	sactio	n ID:	246915	548			
Shadegg for Congress					_	burse					
Mailing Address P.O. Box 45444				1 <sup>M</sup> 0	M /	<sup>D</sup> 0	3 /	ž	0 ŏ 6	Y	
,	itate Zip Code AZ 85064			Amou	unt of	Each I	Disburse	ement	this P	eriod	
Purpose of Disbursement	42 03004		-	- [				5	000.0	0	1
<u> </u>		01									
Candidate Name Mr. John Shadegg		Cate:									
Office Sought: X House Disburser	nent For: 2006	- 71									
	Primary X General										
President State: AZ District: 4	Other (specify) ▼										
								400	200.0	•	_ 1
SUBTOTAL of Disbursements This Page (optional)			<u> </u>	<u> </u>				100	0.00	U	_
TOTAL This Period (last page this line number only)			•								

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		only one)				39 / 56	<u> </u>	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21 27	b Ĺ	, ′ –	X 23 28b	24 28c	$\vdash$	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)	and address of any political co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U SUIIC	in Corner	JULIO 110	JIII SUUII	COITIII	IIICC	
American Health Care Association Politica	Action Committee								
Full Name (Last, First, Middle Initial)					ction ID:		528		
Boyd for Congress Committee				Date of	Disburse		v • v	· V	v
Mailing Address PO Box 15703				1 0 "	ر ا ا	3 /	2 (	0 Ď 6	
City Tallahassee	State Zip Code FL 32317-5703			Amoun	t of Each	Disburse	ement	this Pe	eriod
Purpose of Disbursement	12 32317-3703		_				20	0.00	0
		011							
Candidate Name Mr. Allen Boyd		Category/ Type							
Office Sought: X House Disburse	ment For: 2006 Primary X General								
President	Other (specify)								
State: FL District: 2	·								
Full Name (Last, First, Middle Initial)					ction ID:		592		
Pete Stark Re-Election Committee				Date of	Disburse		Y Y	Y	Υ
Mailing Address PO Box 8331				1 0 "	ر ا ا	3 /	2 (	0 Ď 6	
City Fremont	State Zip Code CA 94537			Amoun	t of Each	Disburse	ement	this Pe	eriod
Purpose of Disbursement	0.007		_				1(	0.000	0
<u> </u>		011							
Candidate Name Mr. Pete Stark		Category/ Type							
Office Sought: X House Disburse Senate	ment For: 2006 Primary X General								
President	Other (specify)								
State: CA District: 13	, (1 3/ <b>V</b>								
Full Name (Last, First, Middle Initial)  Marion Berry for Cong Cmt					ction ID: Disburse		623		
Mailing Address PO Box 8084				1 0 M	/ DO	3 /	ž	0 0 6	Y
City Jonesboro	State Zip Code AR 72055			Amoun	t of Each	Disburse	ement	this Pe	eriod
Purpose of Disbursement	Ah 72000		_				20	0.000	0
- urpose of Biobardoment		011						-	
Candidate Name Mr. Marion Berry		Category/ Type							
	ment For: 2006								
Senate   President	Primary X General Other (specify) ▼								
State: AR District: 1	Caron (opcony)								
SUBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>				50	0.00	0
TOTAL This Desired (least area this Personal L.)			_	,					-
<b>TOTAL</b> This Period (last page this line number only)									

SCILLOCLE D (I LCI OIIII 3X)	Use seperate schedule(s)	(check onl	NUMBER:	PAGE	40 / 56	j	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		24 28c	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)	le and address of any political co	ommittee to sc	JIICIL COMINDUI	10115 110111 50	ICH COHIH	iillee	
American Health Care Association Politic	al Action Committee						
Full Name (Last, First, Middle Initial)				ion ID: 247			
Moran for Congress			Date of D	isbursement		· · · ·	·
Mailing Address PO Box 1151			1"0 "	03	2	0 0 6	
City Hays	State Zip Code KS 67601		Amount o	f Each Disb	ursement	this Pe	eriod
Purpose of Disbursement	7,001				1	000.00	) <u> </u>
		011					
Candidate Name Mr Jerry Moran		Category/ Type					
Office Sought: X House Disbur	ement For: 2006 Primary X General						
President	Other (specify)						
State: KS District: 1							
Full Name (Last, First, Middle Initial)  Hulshof for Congress				ion ID: 246			
Huishol for Congress			м м	isbursement		YY	′
Mailing Address 1005 Cherry Street, Su	te 203		1 0	0 3	2	0 0 6	
City Columbia	State Zip Code MO 65201		Amount o	of Each Disb	ursement	this Pe	eriod
Purpose of Disbursement	WO 00201				4	000.00	
		011					
Candidate Name Mr. Kenny Hulshof		Category/ Type					
Office Sought: X House Disbur	sement For: 2006						
Senate President	Primary X General Other (specify)						
State: MO District: 9	Other (specify)						
Full Name (Last, First, Middle Initial)				ion ID: 246			
Jim Cooper for Congress			Date of D	isbursement		· · · ·	
Mailing Address 601 Woodland St. PO Box 60750			1 0	03	, ž	0 0 6	
City Nashville	State Zip Code TN 37206		Amount o	of Each Disb	ursement	this Pe	eriod
Purpose of Disbursement	0.200	* *			2	000.00	)
Condidate Name		011					
Candidate Name Mr. Jim Cooper		Category/ Type					
	ement For: 2006						
Senate President	Primary X General Other (specify) ▼						
State: TN District:							
SUBTOTAL of Disbursements This Page (optional					70	00.00	
							-
TOTAL This Period (last page this line number onl	<i>'</i> )						

	Use seperate schedule(s)		heck or				[ P/	AGE	41/5	ספ	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	$\stackrel{'}{\Box}$ 2	´ —	X 23 28b	24 28c		25 29		26 30b
Any Information copied from such Reports and Statement										3	
or for commercial purposes, other than using the name	and address of any political col	mmı	ttee to s	Olicit	contribi	utions fr	om such	comr	nittee		
NAME OF COMMITTEE (In Full)	A .: 0 :::										
American Health Care Association Political	Action Committee										
Full Name (Last, First, Middle Initial)				Т	ransac	tion ID:	246989	950			
Committee for the Preservation of Capitalis	sm			D	ate of	Disburs		v • v	V	V	
Mailing Address PO Box 65314					1 0 "	ָר בי	3 /	2	0 Ó 6		
•	State Zip Code DC 20036			А	mount	of Each	Disburse	emen	t this F	erio	b
Washington Purpose of Disbursement	20036			+ [				2	2000.0	00	П
r dipose of Disbursement		01	1						-	-	_
Candidate Name	C	Cate Ty	gory/ pe								
Office Sought: House Disburse											
Senate President	Other (apacifu) —										
State: District:	Other (specify) ▼										
Full Name (Last, First, Middle Initial)				т.	rancar	tion ID:	246916	:17			
Friends of Lois Capps						Disburs		, , ,			
Mailing Address 38 Ivy Street SE				+ [	<sup>M</sup> 0	/ DC	3 /	² ²	0 ŏ 6	Υ	
•	State Zip Code DC 20003			A	mount	of Each	Disburse	emen	t this F	erio	t
Purpose of Disbursement				1 [				3	3000.0	00	
		01									
Candidate Name Ms. Lois Capps		Cate Ty	gory/ oe								
Office Sought: X House Disburse	ment For: 2006	,									
Senate	Primary X General										
President State: CA District: 22	Other (specify) ▼										
Full Name (Last, First, Middle Initial)				T	ransac	tion ID:	246916	612			_
Adam Putnam For Congress Campaign Co	mmittee				ate of	Disburs					
Mailing Address Post Office Box 2426					10	/ DC	3 /	ž	0 Ď 6	Y	
	State Zip Code			А	mount	of Each	Disburse	emen	t this F	erio	d
Bartow Purpose of Disbursement	FL 33851			- [		•		1	0.00	00	$\neg$
rui pose di Dispuisement		01	1	-	-			-			_
Candidate Name Adam Putnam		Cate	gory/ pe								
Office Sought: X House Disburse											
Senate	Primary X General										
President State: FL District: 12	Other (specify) ▼										
2.58.58.72				Г						_	$\overline{}$
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					6	000.0	0	
TOTAL This Period (last page this line number only)						•					٦

	Use seperate schedule(s)		check or				_ F/	AGE	42 / 5	ספ	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	2	´ —	23 28b	24 28c	П	25 29	П	26 30b
Any Information copied from such Reports and Statem			y person	for th	e purpo	ose of so	olicating o		butions	5	
or for commercial purposes, other than using the name	e and address of any political co	mmı	ittee to s	olicit c	ontribu	utions fro	om such	comr	nittee		
NAME OF COMMITTEE (In Full)											
American Health Care Association Politica	I Action Committee										
Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	246979	76			
A- Pioneer PAC				_	ate of I	Disburse		Y Y	Y	Υ	
Mailing Address 1212 North Vernon St.				L	0	0	3 /	2	0 Ó 6		
City Arlington	State Zip Code VA 22201			Α	mount	of Each	Disburse	emen	t this P	erio	t
Purpose of Disbursement	22201			1 [				5	5000.0	00	
r dipose of Bisbarsement		0.	11	-					-		
Candidate Name	C	Cate Ty	gory/ pe								
	ement For:										
Senate President	Primary General Other (specify) ▼										
State: District:	Curici (opeony)										
Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	246916	345			
3- Searchlight Leadership Fund				D		Disburse	ement		V .	V	
Mailing Address 422 C Street NE Lower Level					ľ°0 <sup>™</sup>	0	3 /	2	0 Ó 6	_	
City Washington	State Zip Code DC 20002			A	mount	of Each	Disburse	emen	t this P	erio	t
Purpose of Disbursement		0.		T L				. 4	1000.0	00	
Candidate Name		0° Cate Ty	gory/								
Office Sought: House Disburse	ement For:	ıy	pe								
Senate	Primary General										
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial) Schiff for Congress						tion ID: Disburse	246916 ement	34			
Mailing Address 38 Ivy Street SE					M 0 M	<sup>′</sup> 0	3 /	ž	0 Ď 6	Υ	
City	State Zip Code			Α	mount	of Each	Disburse	emen	t this P	erio	t
Washington Purpose of Disbursement	DC 20003							2	2000.0	00	$\neg$
		Ō-	11	_							
Candidate Name Adam Schiff		Cate Ty	gory/ pe								
	ement For: 2006										
Senate President	Primary X General										
State: CA District: 27	Other (specify)										
										_	$\overline{}$
<b>SUBTOTAL</b> of Disbursements This Page (optional)				L				11	0.00.0	0	
TOTAL This Period (last page this line number only)			•								٦

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		NE NUMBE only one)	AGE 43/5	56		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar							s
NAME OF COMMITTEE (In Full)	ic and address of any political C	ommittee to	SOHOR COITE	III 6HUIJUU	om audil (	Johnnillee	
American Health Care Association Politic	al Action Committee						
Full Name (Last, First, Middle Initial)				saction ID:		643	
Michaud for Congress				of Disburs		y	Y
Mailing Address 213 Lisbon Street			1 0		3 /	ŽOĎE	5
City Lewiston	State Zip Code ME 04204		Amou	ınt of Each	Disburse	ement this F	Period
Purpose of Disbursement						2000.0	00
Candidate Name		011					
Mr. Mike Michaud		Category/ Type					
9 1	ement For: 2006 Primary X General						
Senate President	Primary X General Other (specify) ▼						
State: ME District: 2	<u> </u>						
Full Name (Last, First, Middle Initial)  Barrett for Congress Committee				saction ID:		808	
			M		onent 3	y Y Y	Υ
Mailing Address PO Box 869			10		3	ŽOĎE	5
City Westminster	State Zip Code SC 29693		Amou	ınt of Each	Disburse	ement this F	Period
Purpose of Disbursement	20000					2000.0	00
Candidate Name		011					
Mr. Gresham Barrett		Category/ Type					
X	ement For: 2006						
Senate President	Primary X General Other (specify) ▼						
State: SC District: 3							
Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel				saction ID: of Disburs		82	
			М		3 /	2 0 0 6	Y
Mailing Address 101 W. Grant #200			1 0				
City Chicago	State Zip Code IL 60610		Amou	ınt of Each	Disburse	ement this F	Period
Purpose of Disbursement						5000.0	00
Candidate Name		011 Category/					
Mr. Rahm Emanuel		Type					
	ement For: 2006 Primary X General						
Senate President	Primary X General Other (specify) ▼						
State: IL District: 5							
SUBTOTAL of Disbursements This Page (optional						9000.0	00
TOTAL This Period (last page this line number only	·)						
	,						

	CHEDULE B (FEC FOIII 3X)	Use seperate schedule(s)	FOR LIN (check or	IE NUMBER: PAGE 44 / 56	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28c 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
$\rangle$	NAME OF COMMITTEE (In Full) American Health Care Association Politica	• • • • • • • • • • • • • • • • • • • •			
۹.	Full Name (Last, First, Middle Initial) Friends of John Tanner  Mailing Address P.O. Box 1988			Transaction ID: 24691602 Date of Disbursement    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y	
	City	State Zip Code		Amount of Food Dishura amount this Davis	<u>ا</u>
		TN 38261		Amount of Each Disbursement this Perio	u
	Purpose of Disbursement		011	5000.00	
	Candidate Name Mr. John Tanner		Category/ Type		
	Office Sought:  X House Senate President State: TN District: 8	ment For: 2006 Primary X General Other (specify)			
	Full Name (Last, First, Middle Initial)			Transaction ID: 24691552	
3.	Pallone for Congress			Date of Disbursement	
	Mailing Address PO Box 3176				
	,	State Zip Code NJ 77401		Amount of Each Disbursement this Perio	d
	Purpose of Disbursement		011	0.00	
	Candidate Name Mr. Frank Pallone		Category/ Type		
	Office Sought: X House Disburse Senate President State: NJ District: 6	ement For: 2006 Primary X General Other (specify)			
	Full Name (Last, First, Middle Initial)			Transaction ID: 24701936	
Э.	Pallone for Congress			Date of Disbursement	
	Mailing Address PO Box 3176			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	,	State Zip Code NJ 77401		Amount of Each Disbursement this Perio	d
	Purpose of Disbursement			3000.00	
	Candidate Name Mr. Frank Pallone		011 Category/ Type		
	Office Sought:  X House Senate President  State: NJ District: 6	ment For: 2006 Primary X General Other (specify)			
				8000.00	$\overline{}$
S	UBTOTAL of Disbursements This Page (optional) .		······	8000.00	4
т	OTAL This Period (last page this line number only)				

	Use seperate schedule(s)		check or				L P F	AGE	45 / 5	סי	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b 27	2	´ —	23 28b	24 28c		25 29		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				for th	e purp	ose of so	olicating o		butions	<u>—</u>	
	and address of any political co	)	illee lo s	OIICIL C	OHUIDU	JUOIIS ITO	JIII SUCII (	COITII	IIIIIEE		
NAME OF COMMITTEE (In Full)	Astisus Osususittas										
American Health Care Association Politica	Action Committee										
Full Name (Last, First, Middle Initial)							246986	49			
A. TOMPAC				_	ate of I м м	Disburse		Y Y	Y	Υ	
Mailing Address PO Box 16488					1 0	0	3 /	2	0 Ó 6		
•	State Zip Code VA 22215			Α	mount	of Each	Disburse	emen	t this P	erio	t
Purpose of Disbursement	VA 22213			+ [				3	3500.0	0	٦
r dipose of Bisbarsemont		Ō.	11						-		
Candidate Name	C	Cate Ty	gory/ pe								
	ment For:										
Senate President	Primary General Other (specify) ▼										
State: District:	Other (openity)										
Full Name (Last, First, Middle Initial)				Tı	ansac	tion ID:	246915	80			
Devin Nunes for Congress				_	ate of I	Disburse		Y Y	Y	Υ	
Mailing Address PO Box 6545 93290					1 0	0	3 /	2	0 Ó 6		
•	State Zip Code CA 93290-6545			Α	mount	of Each	Disburse	emen	t this P	erio	t
Purpose of Disbursement			-	† L				5	000.0	0	
O. 151 - N		Ů.									
Candidate Name Rep. Devin Nunes		Cate Ty	gory/ pe								
Office Sought: X House Disburse	ment For:2006										
Senate	Primary X General										
President State: CA District: 21	Other (specify)										
Full Name (Last, First, Middle Initial)				Т	ansac	tion ID:	246916	19			
Artur Davis for Congress						Disburse					
Mailing Address P.O. Box 1845				[	10	<sup>′</sup> 0	3 /	ž	0 Ď 6	Υ	
•	State Zip Code			А	mount	of Each	Disburse	emen	t this P	erio	t
Birmingham Purpose of Disbursement	AL 35201	_		+ [				2	2000.0	0	$\neg$
		Ō.	11.								
Candidate Name Rep. Artur Davis		Cate Ty	gory/ pe								
Office Sought: X House Disburse	ment For: 2006										
Senate	Primary X General										
President State: AL District: 7	Other (specify) ▼										
2.00.00.7				Г				_		_	_
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>					10	500.0	0	
TOTAL This Period (last page this line number only)				Γ							$\neg$

TEMPER PLOP LIBORATION	Use seperate schedule(s)		check or	ily one)	EM.		L P F	NGE	46 / 3	00	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b 27	22 28a	Х	23 28b	24 28c	Н	25 29	П	26 30b
Any Information copied from such Reports and Statem										5	
or for commercial purposes, other than using the name	e and address of any political co	omm	ittee to s	olicit con	tribui	tions fro	om such o	comr	nittee		
NAME OF COMMITTEE (In Full)											
American Health Care Association Politica	Action Committee										
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	246916	31			
Friends of George Miller				Date	of D	isburse		/ · V	· V	V	
Mailing Address 301 4th St., NE #202				1"0		0	3 / C	2	0 Ó 6		
•	State Zip Code			Amo	unt c	of Each	Disburse	emen	t this P	erio	t
Washington Purpose of Disbursement	DC 20002			+ [				5	5000.0	00	٦
i dipose di Disbursement		Ō.	11			-	-	-	-	-	
Candidate Name Mr. George Miller		Cate Ty	gory/ pe								
Office Sought: X House Disburse	ment For: 2006			1							
Senate   President	Primary X General Other (specify) ▼										
State: CA District: 7	Other (Specify)										
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	246916	10			
Lungren for Congress				Date	of D	isburse	ement				
Mailing Address 8958 Ivanpah Court				1 0	M	<sup>′</sup> 0	3 /	ž	0 ŏ 6	Y	
•	State Zip Code CA 95624			Amo	unt c	of Each	Disburse	emen	t this P	erio	k
Purpose of Disbursement	OA 93024		_	$+$ $\Gamma$				2	2000.0	00	٦
		Ō.	11								
Candidate Name Mr. Dan Lungren		Cate Ty	gory/ pe								
Office Sought: X House Disburse	ment For: 2006										
Senate	Primary X General										
State: CA District: 3	Other (specify)										
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	246916	644			
Cantwell 2006				Date	of D	isburse					
Mailing Address PO Box 61528				1 0	M	0	3 /	ž	0 0 6	Y	
	State Zip Code			Amo	unt c	of Each	Disburse	emen	t this P	erio	t
Vancouver Purpose of Disbursement	WA 98666			- [				5	5000.0	00	$\neg$
- upose of bisbursement		Ō.	11		_			0			
Candidate Name Sen. Maria Cantwell		Cate Ty	gory/ pe								
Office Sought: House Disburse	ment For: 2006		-	1							
x Senate	Primary X General										
State: WA District: 2	Other (specify)										
									• • •		$\overline{}$
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					12	0.000	0	┙
TOTAL This Period (last page this line number only)			•								٦

SCIEDOLE B (I LOI OIIII 3X)	Use seperate schedule(s)		LINE k only	one)	AGE	4//5	Ď.		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 <u>`</u>	1b [	22 28a	X 23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)	e and address of any political co	Ommiliee	10 501	icit coritii	DULIONS II	OIII SUCII	COMM	iillee	
American Health Care Association Politica	I Action Committee								
Full Name (Last, First, Middle Initial)						: 246916	615		
Pete Sessions For Congress 2006					of Disburs		v v		V
Mailing Address Post Office Box 38585				1 0		) 3 <sup>/</sup>	2	0 ŏ 6	
City Dallas	State Zip Code TX 75238			Amoui	nt of Each	Disburs	-		
Purpose of Disbursement	ľ		$\neg$				, 5	0.000	0
Candidate Name		011 Category	,/						
Rep. Pete Sessions		Type	"						
	ment For: 2006								
Senate President	Primary X General Other (specify) ▼								
State: TX District: 32									
Full Name (Last, First, Middle Initial)						: 246916	639		
Nancy Pelosi For Congress					of Disburs		ΥΥ	Y	Υ
Mailing Address 235 Montgomery Street, Suite 610				1 0		o 3	2	0 ŏ 6	
City San Francisco	State Zip Code CA 94104			Amoui	nt of Each	n Disburs	ement	this P	eriod
Purpose of Disbursement			$\neg$				5	0.000	0
Candidate Name		011							
Rep. Nancy Pelosi		Category Type	"						
Office Sought: X House Disburse Senate	ement For: 2006 Primary X General								
President	Other (specify) ▼								
State: CA District: 8									
Full Name (Last, First, Middle Initial)  Thelma Drake For Congress					<b>action ID</b> of Disburs	: 246916 ement	642		
Mailing Address PO Box 61480				10	M / D	) 3 <sup>/</sup>	ž	0 ŏ 6	Y
City Virginia Beach	State Zip Code VA 23466			Amoui	nt of Each	Disburs	ement	this Po	eriod
Purpose of Disbursement	20400		_				3	0.00	0
·		011							
Candidate Name Rep. Thelma Drake		Category Type	//						
Office Sought: X House Disburse	ment For: 2006								
Senate President	Primary X General								
State: VA District: 2	Other (specify)								
SUBTOTAL of Disbursements This Page (optional)			•				130	0.00	0
			_		-			-	
<b>TOTAL</b> This Period (last page this line number only)									

	Use seperate schedule(s)	(check on	: NUMBER: PAGE 48 / 56 vone)	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2	26 30b
Any Information copied from such Reports and or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)	e name and address of any pointea	i committee to so	oncit contributions from Such committee	
American Health Care Association P	olitical Action Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: 24698342	
Friends Of Dave Reichert			Date of Disbursement	
Mailing Address P. O. Box 53322			10	
City Bellevue	State Zip Code WA 98015		Amount of Each Disbursement this Period	
Purpose of Disbursement	WA 30013		2000.00	
		011		
Candidate Name Rep. David Reichert		Category/ Type		
Office Sought: X House D	sbursement For: 2006 Primary X General			
President	Other (specify)			
State: WA District: 8				
Full Name (Last, First, Middle Initial)  Thornberry For Congress Committee			Transaction ID: 24691641	
Thomberry For Congress Committee			Date of Disbursement	
Mailing Address P.O. Box 9392 724 S Polk #730			10 M / 03 / Y Y Y Y O O O	
City Amarillo	State Zip Code TX 79105		Amount of Each Disbursement this Period	_
Purpose of Disbursement			2000.00	
Condidate Name		011		
Candidate Name Rep. Mac Thornberry		Category/ Type		
Office Sought: X House D	sbursement For: 2006			
Senate   President	Primary X General Other (specify)			
State: TX District: 13	Curior (openity)			
Full Name (Last, First, Middle Initial) Charles A Gonzalez Congressional (	ampaign		Transaction ID: 24691570 Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO Box 12612				
City San Antonio	State Zip Code TX 78212		Amount of Each Disbursement this Period	_
Purpose of Disbursement			2500.00	
Candidate Name		011		
Rep. Charles Gonzalez		Category/ Type		
	sbursement For: 2006			
Senate   President	Primary X General Other (specify) ▼			
State: TX District: 20	Other (opcomy) \			
SUBTOTAL of Disbursements This Page (op	ional)		6500.00	Ī
				Ŧ
TOTAL This Period (last page this line number	r only)			

	CHEDULE B (FEC Form 3X)		erate schedule(s)		FOR LINE NUMBER: (check only one)				AGE	49 /	56					
<u></u>	EMIZED DISBURSEMENTS		category of the Summary Page		È	21b	ŕ	22 28a	Х	23 28b	, [	24 280	;	25 29	$\longrightarrow$	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name														ıs	
$\vdash$	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Health Care Association Politica	Action Co	ommittee													
Α.	Full Name (Last, First, Middle Initial) John Sarbanes For Congress							<b>Trans</b> Date					131			
	Mailing Address PO Box 6854							1 <sup>M</sup> 0	М	/ [	0 3	′ [	Y	δο δ (	3 Y	
		State MD	Zip Code 21285					Amou	ınt o	f Ea	ch Di	sburs	emer	nt this	Perioc	i
	Purpose of Disbursement				Q	11		L.						2000.	00	_
	Candidate Name Mr. John Sarbanes			С		egory/ vpe										
	Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2006 X General ecify) ▼													
	State: MD District: 3		· 													
В.	Full Name (Last, First, Middle Initial) Giffords For Congress							<b>Trans</b> Date	of D	isbu	sem	ent				
	Mailing Address PO Box 27565							1 <sup>M</sup> 0	М	/ [	0 3	/	Ž	žοŏι	3 <sup>Y</sup>	
	•	State AZ	Zip Code 85726					Amou	ınt o	f Ea	ch Di	sburs		nt this		i
	Purpose of Disbursement			Г	٥	11	1		_	-		-		1000.	00	_
	Candidate Name Gabrielle Giffords				ate	egory/ pe	1									
	Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2006 X General cify) ▼													
	State: AZ District: 8															
C.	Full Name (Last, First, Middle Initial) Klobuchar For Minnesota							<b>Trans</b> Date		isbu	sem		535			
	Mailing Address PO Box 4146							1 <sup>M</sup> 0	М	/ [	0 3		Ž	žοŏι	3 <sup>Y</sup>	
		State MN	Zip Code 55104					Amou	ınt o	f Ea	ch Di	sburs		nt this		1
	Purpose of Disbursement			Г	0	11	1	L.						1000.	00	_
	Candidate Name Amy Klobuchar				ate	egory/ vpe	1									
	X Senate President	ment For: Primary Other (spe	2006 X General ccify) ▼													
_	State: MN District: 2															_
s	UBTOTAL of Disbursements This Page (optional) .					. 1	<u> </u>						4	000.	00	
_	OTAL This Period (last page this line number only)					ı	•									٦

	CHEDULE B (FEC Form 3X)		erate schedule(s)		FOR LINE NUMBER: (check only one)										50 / 56		
-	EMIZED DISBURSEMENTS		category of the Summary Page		È	21b 27	ŕ	22 28a	Х	23 28b	, [	24 280	; <u> </u>	25 29	Е	26 30b	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name														าร		
$\vdash$	NAME OF COMMITTEE (In Full)		7.														
$ \rangle$	American Health Care Association Political	Action C	ommittee														
Α.	Full Name (Last, First, Middle Initial) Walsh for Congress Committee							Trans Date				_	010				
	Mailing Address P.O. Box 1974 1330 Longworth House C	ofe Blda						1 <sup>M</sup> 0	М	/ [	0 4		Y	200	6 <sup>Y</sup>		
		State	Zip Code					Amou	ınt o	f Ea	ch D	isburs	semer	nt this	Perio		
		NY	13201											2000	00		
	Purpose of Disbursement				0	11			0					2000.	00	_	
	Candidate Name Mr. James Walsh			С		gory/ pe											
	Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2006 X General														
	State: NY District: 25		· 														
В.	Full Name (Last, First, Middle Initial) Kuhl For Congress							Trans Date				_	015				
	Mailing Address 10 Ganesvoort Street							1 <sup>M</sup> 0	М	/ [	0 4	1	Y 2	žοŏ	6 <sup>Y</sup>		
	,	State NY	Zip Code 14810					Amou	ınt o	f Ea	ch D	isburs	semer	nt this	Perio	d	
	Purpose of Disbursement		11010	Г	0	11	1							2000.	00		
	Candidate Name Rep. John Kuhl				ate	gory/ pe											
		ment For: Primary Other (spe	2006 X General		' у	<del>pe</del>											
	State: NY District: 29	Other (spe	<b>∀</b>														
C.	Full Name (Last, First, Middle Initial) Ray Meier For Congress Committee							<b>Trans</b> Date		isbu	rsem	ent	014				
	Mailing Address PO Box 120							1 <sup>M</sup> 0	М	/ [	0 4	1	Y 2	žοŏ	6 <sup>Y</sup>		
		State NY	Zip Code 13503					Amou	ınt o	f Ea	ch D	isburs	semer	nt this	Perio	d	
	Purpose of Disbursement			Г	0	11	1	L.	_	_				2000.	00		
	Candidate Name Mr. Raymond Meier				ate	gory/ pe											
	Senate President	ment For: Primary Other (spe	2006 X General ecify) ▼														
	State: NY District: 24								_	_						_	
s	UBTOTAL of Disbursements This Page (optional) .						•						6	000.	00		
	OTAL This Period (last page this line number only)					1	-					•				Ī	

	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)			FOR LINE NUMBER: (check only one)					P	AGE	51 / :	56		
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27	Ĺ	22 28a	X	23 28b		24 28c		25 29		26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name														S	
$\vdash$	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Health Care Association Politica	Action C	ommittee													
Α.	Full Name (Last, First, Middle Initial) Mcnulty For Congress							Trans Date o					)13			
	Mailing Address P.O. Box 1560							1 <sup>M</sup> 0	M /	D	0 4	′	Y Ž	οŏε	S <sup>Y</sup>	
		State NY	Zip Code 12183					Amou	nt of	Eac	h Dis	sburs	ement	t this f	Perio	d
	Purpose of Disbursement			Γ	0	11		L.		_		•	2	2000.	00	
	Candidate Name Rep. Michael McNulty			С		gory/ pe										
	Senate President	ment For: Primary Other (spe	2006 X General													
	State: NY District: 21															
В.	Full Name (Last, First, Middle Initial) Kuhl For Congress							Trans Date o	of Di	sbur	seme					
	Mailing Address 10 Ganesvoort Street							1 <sup>M</sup> 0	M /	D	0 5	]	ž	o ŏ e	3 Y	
	•	State NY	Zip Code 14810					Amou	nt of	Eac	h Dis	sburs				d
	Purpose of Disbursement Void - Kuhl For Congress				0						•	•	-2	2000.	00	
	Candidate Name Rep. John Kuhl			C		gory/ pe										
	Office Sought:  X House Senate President State: NY District: 29	ment For: Primary Other (spe	2006  X General ecify)			•	\	/oid -	Ku	hl F∘	or C	ongr	ess			
— С.	Full Name (Last, First, Middle Initial) Wetterling '06							Trans Date o					332			
	Mailing Address P.O. Box 2295								M /			] ′ [	Ý Ž	οŏε	S Y	
		State MN	Zip Code 56302					Amou	nt of	Eac	h Dis	sburs	ement	t this I	Perio	d
	Purpose of Disbursement			Г	0	11		L.		_			. 1	000.	00	
	Candidate Name Patty Wetterling			С		gory/ pe										
	Senate President	ment For: Primary Other (spe	2006 X General ecify) ▼													
<u> </u>	State: MN District: 6							•					1/	000.0	00	$\overline{}$
	UBTOTAL of Disbursements This Page (optional) .  OTAL This Period (last page this line number only)							<u> </u>	•	•	•	•				╡

	Use seperate schedule(s)   (check	(check o				PA	AGE	52 / 5	OO		
TEMIZED DISE	BURSEMENTS	for each category of the Detailed Summary Page		21b 27	2	´ —	23 28b	24 28c	Н	25 29	$\prod_{i=1}^{2}$
		tatements may not be sold or us name and address of any politic		any perso	n for the	e purpo	ose of so	olicating o		butions	
<u> </u>		Thathe and address of any politic	-ai com	millee to	SOIICIT C	OHIHOU	1110115 111	JIII SUCII (	COITII	iiillee	
NAME OF COMMIT American Health	, ,	litical Action Committee									
Full Name (Last, Fire	st, Middle Initial)				Tr	ansac	tion ID:	247211	60		
Sue Kelly for Cor	ngress				D:	ate of [	Disburse			Y	Υ
Mailing Address	187 Jay St.					1 0	0	6	. 2	0 Ó 6	
City Katonah		State Zip Code NY 10536			Aı	mount	of Each	Disburse	-		
Purpose of Disburse	ement		T						_ 1	000.0	00
			_	011							
Candidate Name Ms. Sue Kelly				ategory/ Type							
Office Sought:		bursement For: 2006									
	Senate President	Primary X General Other (specify) ▼	ii								
State: NY D	istrict: 19	Caron (opcomy)									
Full Name (Last, Fire	st, Middle Initial)				Tr	ansac	tion ID:	247208	78		
3. Harold Ford Jr Fo	or Tennessee				D		Disburse	ement		Y	Υ
Mailing Address	5120 Barry Road Suite 1300					Ι''Ο ''''	0	6 /	2	0 Ď 6	
City Memphis		State Zip Code TN 38117			A	mount	of Each	Disburse	emen	t this P	eriod
Purpose of Disburse	ement		Tr	011	7 L				5	000.0	00
Candidate Name Mr. Harold Ford			Ca	ategory/ Type							
Office Sought:	House Dis	bursement For: 2006		Турс	-						
-	X Senate President	Primary X General Other (specify)	d								
State: TN D	istrict: 2										
Full Name (Last, Fire Sue Kelly for Cor							tion ID:	248209 ement	987		
Mailing Address	187 Jay St.					МОМ	/ D	6 / C	ž	0 ŏ 6	Y
City		State Zip Code			Δι	mount	of Each	Disburse	men	t this P	Period
Katonah		NY 10536				mount	or Lacin	Disbuise	-		
Purpose of Disburse	ement			011					_ 1	0.000	00
Candidate Name Ms. Sue Kelly			Ca	ategory/ Type							
Office Sought:	X House Dis Senate President	bursement For: 2006 Primary X Genera Other (specify) ▼	ป								
State: NY D	istrict: 19	(-poon)/ <b>\</b>									
	<b> </b>	onal)		▶					7	0.000	0
	0 (4)	· · · · · · · · · · · · · · · · · · ·			Ē						-
TOTAL This Period (la	ast page this line number	only)		▶							

	STIEDOLE B (I LCI OIIII 3X)	Use seperate schedule(	s)		·OR LI check :			:H:			PAC	JE :	53 / 5	6
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	Ĺ	22 28a	Х	23 28b	П	24 28c	ш	25 29	26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam													5
V O	NAME OF COMMITTEE (In Full)	le and address of any pointic	ai Com	1111	illee lo	SOIIC	it Coriti	ibut	10115 11	OIII S	sucii cc	וווווווו	llee	
$\rangle$	American Health Care Association Politica	al Action Committee												
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 24	82094	7		
Α.	Moran for Congress							_	isburs		nt	· V	V *	V
	Mailing Address PO Box 1151						1 0	IVI		16	,	2 (	ó 6	
	City Hays	State Zip Code KS 67601					Amou	ınt o	f Each	n Dis	bursen	nent 1	his P	eriod
	Purpose of Disbursement					1						20	00.0	00
	Candidate Name		_		11 egory/									
	Mr Jerry Moran				pe									
	Senate President	ement For: 2006 Primary X General Other (specify) ▼	•											
	State: KS District: 1													
В.	Full Name (Last, First, Middle Initial) McHenry For Congress						Date	of D	isburs	eme	82099 nt		V *	V
	Mailing Address PO Box 360						1 <sup>M</sup> 0	М	/ D	16	/ <u>Y</u>	ž (	ó 6	Y
	City Cherryville	State Zip Code NC 28021					Amou	ınt o	f Each	n Dis	bursen	-		-
	Purpose of Disbursement			٥	11			0				20	00.0	10
	Candidate Name Rep. Patrick McHenry		Ca	ate	egory/ /pe	'								
	Office Sought: X House Disburse Senate President	ement For: 2006 Primary X General Other (specify) ▼	•											
	State: NC District: 10													
C.	Full Name (Last, First, Middle Initial) Klobuchar For Minnesota								on ID isburs		82104 nt	8		
	Mailing Address PO Box 4146						1 <sup>M</sup> 0	М	/ D	16	/ Y	ž	ó 6	Y
	City St Paul	State Zip Code MN 55104					Amou	ınt o	f Each	n Dis	bursen	-		
	Purpose of Disbursement			_		1		-				25	00.0	00
	Candidate Name Amy Klobuchar		Ca	ate	11 egory/ pe									
	X Senate President	ement For: 2006 Primary X General Other (specify)	-		<u>-</u>									
_	State: MN District: 2													
s	UBTOTAL of Disbursements This Page (optional)				. •	<u>•</u>						65	00.0	0
Т	OTAL This Period (last page this line number only)	)			ı	•								

		Use seperate scriedule(s)   /cheel	(check o				L P F	NGE	54 / 5	00		
ſ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27		· -	X 23 28b	24 28c		25 29	П	26 30b
	y Information copied from such Reports and Statem										S	
or 1	for commercial purposes, other than using the name	e and address of any politica	al comi	mittee to	solicit	contrib	utions fro	om such o	comr	nittee		
\	NAME OF COMMITTEE (In Full)											
/	American Health Care Association Politica	I Action Committee										
	Full Name (Last, First, Middle Initial)				1	ransac	ction ID:	248210	23			
١.	Friends Of Mazie Hirono				1	Date of	Disburse / D				V	
	Mailing Address PO Box 677					1 0	1	6 /	2	0 Ď 6		
	City Honolulu	State Zip Code HI 96809			,	Amount	of Each	Disburse	emen	t this F	erio	b
		90009	1		-				2	2000.0	00	
	Purpose of Disbursement			011		-					,	
	Candidate Name		-	tegory/								
	Mazie Hirono		1	Гуре								
	Office Sought: X House Disburse Senate	ement For: 2006 Primary X General										
	President	Other (specify)										
	State: HI District: 2	Carior (openity)										
	Full Name (Last, First, Middle Initial)				١,	ransac	ction ID:	248210	126			
3.	Whalen For Congress						Disburse		-20			
	Mailing Address P. O. Box 750				-	1 0 M	/ D	6 / `	ž	0 Ď 6	Υ	
	P. O. Box 730											
	City Bettendorf	State Zip Code IA 52722			1	Amount	of Each	Disburse	emen	t this F	erio	b
	Purpose of Disbursement	IA SETEE			-				1	000.0	00	
	. a.poss s. 2.osaioso.k		(	011								
	Candidate Name Mr. Michael Whalen		1	tegory/								
		ement For: 2006		Гуре								
	Office Sought: X House Disburse Senate	Primary X General										
	President	Other (specify) ▼										
	State: IA District: 1											
	Full Name (Last, First, Middle Initial)							248210	30			
<b>,</b> .	2005 Joint Candidate Committee						Disburse			, , , , ,	V/	
	Mailing Address Akin Gump					10	/ D 1	6 /	Ž	0 0 6	Y	
	1333 New Hampshire Av					۸	-4 F1-	Dialarma			\! _	
	City Washinton	State Zip Code DC 20036			'	Amount	or Each	Disburse	emen	it this P	erio	ı T
	Purpose of Disbursement			•					. 2	2000.0	00	
	Condidate Name		_	011								
	Candidate Name		1	tegory/ Γype								
	Office Sought: House Disburse	ement For:	1									
	Senate	Primary General										
	President	Other (specify)										
	State: District:											
S	UBTOTAL of Disbursements This Page (optional)			▶					5	000.0	0	
_				· ·		-			$\rightarrow$	•	_	Ħ
Т	OTAL This Period (last page this line number only)			•								

SCIEDOLL B (I LCI OIIII 3X)	(check on	: NUMBER: lv one)		PAGE	55 / 5	6	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 (2) 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	and address of any pointed to	minitee to S	JIIOIL GOITHIDL	audiio IIUIII	Sucii COIII	millee	
American Health Care Association Politica	Action Committee						
Full Name (Last, First, Middle Initial)			Transac	tion ID: 2	4821041		
2005 Joint Candidate Committee				Disbursem		V * V *	V
Mailing Address Akin Gump 1333 New Hampshire Av	e, NW #308B		10	<sup>/</sup> 16	/	ž 0 ŏ 6	
City Washinton	State Zip Code DC 20036		Amount	of Each Di	isburseme	nt this P	eriod
Purpose of Disbursement	DC 20036					2000.0	0
r dipose of Disbursement		011				-	-
Candidate Name		Category/ Type					
Senate President	ment For: Primary General Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial)  Tiberi for Congress				tion ID: 24			
Tibeli for Congress			M M			YY	Υ
Mailing Address 211 South Fifth St.			1 0	18	] [	Ž 0 Ď 6	
City Columbus	State Zip Code OH 43215		Amount	of Each Di	isburseme	nt this P	eriod
Purpose of Disbursement	102.10		1   1			2000.0	0
		011					
Candidate Name Mr. Patrick Tiberi		Category/ Type					
Senate President	ment For: 2006 Primary X General Other (specify)						
State: OH District: 12							
Full Name (Last, First, Middle Initial) Jim Jordan For Congress			Date of I	tion ID: 24 Disbursem	ent		
Mailing Address 1709 State Route 560 S			10	18	/ Y	ž 0 ŏ 6	Y
City Urbana	State Zip Code OH 43078		Amount	of Each Di	isburseme	nt this P	eriod
Purpose of Disbursement						2000.0	0
Candidate Name		011					
Mr. James Jordan		Category/ Type					
Office Sought:  X House Senate President  State: OH District: 4	ment For: 2006 Primary X General Other (specify)						
5.6.10.1							
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>				0.000	0
TOTAL This Period (last page this line number only)		•					

S	CHEDULE B (FEC Form 3	(X) Use sep	erate schedule(s)		-	INE NUMBER: PAGE 56 / 56									
IT	EMIZED DISBURSEMENT	for each	category of the Summary Page		check or 21b 27	22 28a		23 28b	24 28c		25 29		26 30b		
	y Information copied from such Reports a for commercial purposes, other than usin											s			
	NAME OF COMMITTEE (In Full) American Health Care Association	n Political Action C	committee												
Α.	Full Name (Last, First, Middle Initial) Judy Feder For Congress					Date		sburse		•	0 Ó 6	Y			
	Mailing Address 1514 Hardwood	Lane				1 0			° _		000	2			
	City Mclean	State VA	Zip Code 22101			Amou	ınt of	Each I	Disburse	-	-		od		
	Purpose of Disbursement			Ō.	11	L.					1500.	00			
	Candidate Name Judith Feder			Cate Ty	gory/ pe										
	Office Sought:  X House Senate President State: VA District: 10	Disbursement For: Primary Other (spe	2006  X General ecify)												
В.	Full Name (Last, First, Middle Initial) Dreier For Congress Committee					Date		sburse	248549 ment			V			
	Mailing Address P.O. Box 505					1 0	, ivi	1	8 /	2	οŏ	3			
	City Upland	State CA	Zip Code 91785			Amou	int of	Each	Disburse	-			od		
	Purpose of Disbursement			0.	11					2	2100.	00			
	Candidate Name Rep. David Dreier			Cate Ty	gory/ pe										
	Office Sought:  X House Senate President State: CA District: 26	Disbursement For: Primary Other (spe	2006 X General ecify) ▼												

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3600.00
TOTAL This Period (last page this line number only)	•	159100.00